

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	2024022-8-10	
O.I.P.E. CLASSIFIER		8	7-1-80
FORMALITY REVIEW	JW	104	8-1-80
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Final	Original	Date
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19	✓	✓	7/22/08
20	✓	✓	7/22/08
21	✓	✓	7/22/08
22	✓	✓	7/22/08
23	✓	✓	7/22/08
24	✓	✓	7/22/08
25	✓	✓	7/22/08
26	✓	✓	7/22/08
27	✓	✓	7/22/08
28	✓	✓	7/22/08
29	✓	✓	7/22/08
30	✓	✓	7/22/08
31	✓	✓	7/22/08
32	✓	✓	7/22/08
33	✓	✓	7/22/08
34	✓	✓	7/22/08
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36	✓	✓	7/22/08
37	✓	✓	7/22/08
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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